

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 08-MAR-2018	TIME 1014	ADDRESS OF OCCURRENCE CHICAGO, IL	LOCATION CODE 210	BEAT/OCCUR. 0624	VIDEO RECORDED INCIDENT <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO			
	BUSINESS NAME		<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) GARAGE	ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER OFF DUTY <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE				
INVOLVED MEMBER	EVENT NO. 05059	RD NO. JB178000	IR NO.	CB NO.	CHARGE	INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARKNESS	WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT	<input type="checkbox"/> SQUADROL <input checked="" type="checkbox"/> OTHER: PAPV	OFF-DUTY	MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	
SUBJECT INFORMATION	RANK 9161	LAST NAME LANDON	FIRST NAME MARQUIS	EMPLOYEE NO. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	AGE 36	HT. 601	WT. 265
	DATE OF APPT. 27-NOV-2006	UNIT & BEAT OF ASSIGN. 003	DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input checked="" type="checkbox"/> Minor Swelling	Minor Contusion/Laceration <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Significant Contusion	Laceration Requiring Sutures <input type="checkbox"/> Fatal <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	Gun Shot <input type="checkbox"/> Other (Explain)	
SUBJECT'S ACTIONS (Check all that apply)	LAST NAME UNKNOWN	FIRST NAME	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B.	HT. 509	WT. 215	
	ADDRESS +	TELEPHONE NO.	CONDITION <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder				
SUBJECT'S RESPONSE (Check all that apply)	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested <input type="checkbox"/> Performed by CFD EMS	<input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)	SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input checked="" type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal						
	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)	<input type="checkbox"/> THROWN OBJECT (DESCRIBE)  <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:  <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SEMI-AUTO PISTOL  <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN					
WEAPON DISCHARGE	SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF YES, IDENTIFY MANNER OF ATTACK? <input checked="" type="checkbox"/> Shot/Shot At <input type="checkbox"/> Stabbed/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)	MANNER OF ATTACK? <input type="checkbox"/> Pursuing/Arresting Subject	WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input checked="" type="checkbox"/> Member at Gunpoint <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member				
	TYPE OF ACTIVITY? <input checked="" type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Disturbance - Riot/Mob <input type="checkbox"/> Pursuing/Arresting Subject <input type="checkbox"/> Processing/Transporting/Guarding Arrestee <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Action/Civil Defender <input type="checkbox"/> Charge: <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health <input checked="" type="checkbox"/> Other - Describe in Narrative <input type="checkbox"/> Charge:  IUCR CODE: <input type="checkbox"/> IUCR CODE:								
DNA UNK	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Defense of Department Member <input checked="" type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional								
	FORCE MITIGATION EFFORTS		CONTROL TACTICS						
MEMBER'S RESPONSE (Check all that apply)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OTHER PHYS STRUGGLE TO DISARM <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER							
	RESPONSE WITHOUT WEAPONS		RESPONSE WITH WEAPONS						
WEAPON CERT. NO.	<input type="checkbox"/> OPEN HAND STRIKE <input checked="" type="checkbox"/> KICKS <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input checked="" type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input checked="" type="checkbox"/> CLOSED HAND STRIKE/ PUNCH <input type="checkbox"/> OTHER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER								
	WEAPON CERT. NO.	<input type="checkbox"/> WEAPON TYPE: <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> TASER <input type="checkbox"/> OTHER	WEAPON SERIAL NO. [REDACTED]	WEAPON CERT. NO.					
WEAPON DISCHARGE	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER	WAS SUBJECT VEHICLE USE AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON						
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input checked="" type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> MEMBER <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> GARAGE						
TASER DISCHARGE ONLY	TASER DART ID NO.	PROPERTY INVENTORY NO.	PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER			
Firearm Discharge Only	Who Fired First Shot? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER	Total No. of Shots Member Fired 1	Was Firearm Reloaded During Incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Make/Manufacturer BERETTA USA CORP	Model 92D	Did Member Fire a Vehicle? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			

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## NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS):  IMMEDIATE SUPERVISOR  DISTRICT OF OCCURRENCE

NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE):  OEMC  CPIC

**NARRATIVE** (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name)  
LANDON, MARQUIS

STAR/EMPLOYEE NO.  
18250

SIGNATURE  
[REDACTED]

### REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY	<input type="checkbox"/> Minor Contusion	<input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Gun Shot	HOW WAS INJURY SUSTAINED?		
<input checked="" type="checkbox"/> None / None Apparent	<input type="checkbox"/> Minor Laceration/Abrasion	<input type="checkbox"/> Laceration Requiring Sutures	<input type="checkbox"/> Fatal	<input type="checkbox"/> Intentional Act by Member	<input type="checkbox"/> Intentional Act by Self	<input type="checkbox"/> Intentional Act by Other
<input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Complaint of Substantial Pain	<input type="checkbox"/> Broken/Fractured Bone(s)	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Unintentional Act by Member	<input type="checkbox"/> Unintentional Act by Self	<input type="checkbox"/> Unintentional Act by Other

<b>WITNESSES:</b>	LAST NAME UNK	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL	TELEPHONE NO.	WITNESS INTERVIEW		<input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT <input type="checkbox"/> REFUSED <span style="float: right;">AVAILABLE</span>	
	WITNESS STATEMENT					

### REVIEWING SUPERVISOR: COMMENTS

R/SGT. REVIEWED THE SUBMITTED TRR. PER GENERAL ORDER 03-02-03, SAID OFFICER FOLLOWED THE PROPER DEPARTMENT GUIDELINES WHEN CONFRONTED WITH AN ARMED ASSAILANT.

ATTACHMENTS:  CASE REPORT  ARREST REPORT  SUPPLEMENTARY REPORT  INVENTORY  IOD REPORT  TASER DOWNLOAD  OTHER

**REVIEWING SUPERVISOR:**  I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.  LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED. 1088701

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print) SELLERS, KEVIN	STAR NO. 841	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 08-MAR-2018 1750
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DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
  - A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
  - B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
  - C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

# TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	08-MAR-2018	1014	CHICAGO, IL	05059	JB178000	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
	9161	LANDON	MARQUIS			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
UNKNOWN				<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

This incident was not captured on either BWC or ICC. At this stage of the investigation no witnesses have been located or come forward who observed the shooting incident. The Reporting Deputy Chief reviewed appropriate available BWC from responding members who arrived after the incident occurred. The member also reviewed video footage of several responding units. The member was off duty and inside his personal vehicle located in a detached garage when the offender appeared inside the garage, pointed a weapon at the member and demanded the member's vehicle. Subsequently, the offender made a statement to the officer acknowledging that the victim/member was a police officer. The member then grabbed ahold of the offender's arm with the weapon in it and a struggle ensued. Both the member and offender fell to the floor with the offender pulling the trigger on his weapon multiple times. The member was able to draw his weapon and kick the offender off his person at which time the member discharged his weapon in defense of his life. The offender dropped his weapon to the floor and fled from inside the garage. A search of the area and local hospitals was negative for the offender. Private video while Reporting Deputy Chief was on the scene was unavailable for viewing. The member was taken to the hospital for treatment of his injuries. The offender's weapon was recovered and found to be a replica black steel semi-automatic. COPA personnel on scene.

## LT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.  
 I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE  
 REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE  
REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE  
ACCOUNTABILITY (COPA). LOG NO. OBTAINED:  
1088701

BASED ON THE PRELIMINARY  
INFORMATION THAT I HAVE  
REVIEWED AND THAT WAS  
AVAILABLE AT THE TIME OF  
THIS REPORT, THE  
MEMBER'S USE OF FORCE  
RESPONSE APPEARS TO BE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.  
 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND  
DIRECTIVES.  
 A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

## ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

OTHER:

INDIVIDUAL DEBRIEFING WITH  
SUPERVISOR  REVIEW LEGAL/TRAINING BULLETIN  
 REVIEW STREAMING VIDEO  STRESS REDUCTION SEMINAR  
 REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

O DONNELL, JAMES C

STAR NO.

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SIGNATURE

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DATE/TIME COMPLETED  
08-Mar-2018

